

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

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| 1. NAME OF COMMITTEE IN FULL EDDIE ZAMORA FOR CONGRESS | | | |
| ADDRESS (number and street) 5111 NORTH 10TH STREET, #108 | | | |
| CITY, STATE, and ZIP CODE MCALLEN TX 78504 | | | |
| 2. NAME OF CANDIDATE Eddie Zamora | 3. OFFICE SOUGHT (State and District) House TX 15 | | 4. FEC IDENTIFICATION NUMBER C00427708 |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ | | | |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| Sara Winningham 1400 Eperanza McAllen TX 78504 | | Name of Employer self Transaction ID : F6.6158 Occupation businesswoman | Date (month, day, year) 10/28/2014 Amount 2600.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| NEW PIONEERS PAC 228 S WASHINGTON ST STE 115 ALEXANDRIA VA 22314 | | Name of Employer Transaction ID : F6.6157 Occupation | Date (month, day, year) 10/28/2014 Amount 2500.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| | | Name of Employer Occupation | Date (month, day, year) Amount |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| | | Name of Employer Occupation | Date (month, day, year) Amount |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| | | Name of Employer Occupation | Date (month, day, year) Amount |
| SIGNATURE (optional) Eddie Zamora [Electronically Filed] | | DATE 10/28/2014 | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 07/2011)